Contract Firm's Name	INVOICE
Main business office Address	INVOICE
Firm's Billing Contact Name and information	Summary

Invoice # Invoice Date

Contract # Task Order # THUs Purchased THUs Delivered Percent Complete

Item	Quantity	Description	Unit Price	Cost
1	21	FEMA 3 Bedroom Northern UFAS	\$10,000	210,000
2	21	Delivery Cost from Mfg to ND 500 miles	5.00	52,500
3	16	FEMA 3 Bedroom Southern Standard	\$10,000	160,000
4	16	Delivery Cost from Mfg to Selma THSS	500.00	8,000
	•	TO	TAL Amount	\$ 430 500

ALL DATA IS NOTIONAL

Signature Date

Contract Firm's Name	INVOICE
	Detailed invoice

Detailed Invoice

ltem	MHU Barcode	Bed room(s)	Unit Type	Acceptance Date	Description	Unit Price	Cost
1			Northern UFAS	21	FEMA 3 Bedroom Northern UFAS	\$10,000	210,000
2			UFAS	21	Delivery Cost from Mfg to ND 500 miles	5.00	52,500
3				16	FEMA 3 Bedroom Southern Standard	\$10,000	160,000
4				16	Delivery Cost from Mfg to Selma THSS	500.00	8,000
TOTAL Amount					\$ 430,500		

Signature		Date